
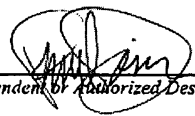


RECEIVED
SOUTHBOROUGH TOWN CLERK

23542

2023 FEB -7 P 3:35

 0000702454 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2023 000854 OCME CASE # 2023-346	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BROWN , TYLER W				
	Place of Death 97 WOODLAND ROAD, APT B, SOUTHBOROUGH, MA				
	Date of Death JANUARY 07, 2023		Date of Birth APRIL 28, 1984		Sex MALE
	Residence 97 WOODLAND ROAD, APT B, SOUTHBOROUGH, MASSACHUSETTS 01745				
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---		Date Discharged (most recent) ---		Service Number(most recent) ---
CERTIFIER	Certifier RICHARD J. EVANS, MD			Lic # 58622	
	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118				
CERTIFIER	Immediate Cause of Death PENDING				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee MARC A. VARNUM			Lic # 6224	
	Facility. VARNUM FUNERAL HOME, INC., WEST BROOKFIELD, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JANUARY 11, 2023		
	Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 000854		Local Permit # 000854		
	Date JANUARY 10, 2023		Date JANUARY 10, 2023		
			Name of Agent JAMES F. HEGARTY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature	
	All Faiths Crematory, Worcester			X 	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		
	Cremation	1/17/2023	Paul A. Druin		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

DISPOSITION / TRANSIT PERMIT

(See reverse side for completion instructions)

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SOUTH BORO TOWN CLERK

JAN 26 A 8:58

No. 1791356

Section A – Local Registrar or Funeral Director

Transcribe information as listed on Certificate of Death per corresponding item numbers in parentheses.

Full Name of Decedent (1.) <u>Thomas Richards</u>	Sex (2.) <u>male</u>	Date of Death (4.) <u>01/12/2023</u>	Date of Birth (6.) <u>12/24/1928</u>
County of Death (15d.) <u>Montour</u>	City, Boro, Twp. of Death (15c.) <u>Mahoning Twp</u>	Facility Name (15b.) <u>Emmanuel Nursing & Rehab Center</u>	
Was Decedent ever in the U.S. Armed Forces? (9.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
Cause of Death (26.) <u>Adult Failure to Thrive</u>			
Authorized Method of Disposition (Check all that apply) (16a.) <input type="checkbox"/> Cremation (Authorization No., if applicable) _____ or verbal OK per: _____ <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Removal from Pennsylvania (Specify method of removal, if applicable) _____			Date of Disposition (16b.) <u>January 24, 2023</u>
Place of Disposition (Name of cemetery, crematory, or other place as listed in Item 16c.) <u>Rural Cemetery</u>			
Location (City/town, state, zip code as listed in Item 16d.) <u>Southborough, Massachusetts</u>		County (if in Pennsylvania) <u>Worcester</u>	

SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS MET ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S., §450.504, 28 PA CODE, CHAPTER 1, AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.

Section B – Local Registrar

Signature and district number of Local Registrar issuing permit: <u>M. Zwickel</u> <u>494511</u>	Was this permit released as a blank pre-signed permit prior to filing the death certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Complete Address: <u>166 River View Dr.</u> <u>Summerville PA 17801</u>	If yes, date released to funeral director: <u>1-12-23</u>
	If no, date permit issued by local registrar: _____

Section C – Funeral Service Licensee (or person in charge of Interment)

Funeral Director License # <u>FD011699L</u>
Signature of Funeral Service Licensee (or person in charge of Interment): <u>G. Visneski</u> <u>FD011699L</u>
Complete Address: <u>Visneski Funeral Home</u> <u>42 W. Mahoning St.</u> <u>Danville, PA 17821</u>

Section D – Cemetery or Crematory Official

I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.
Signature of Cemetery or Crematory Official (or representative of facility receiving donated remains): <u>B. Atkinson</u>
Date of Disposition: <u>1/24/2023</u>
Complete Address: <u>RURAL CEMETERY</u> <u>11 CORDAVILLE RD. SOUTH BORO MA</u> <u>SEC. 15, LOT 4, CIV. 5</u>

INSTRUCTIONS FOR DISTRIBUTION

This permit is valid for 30 days only from date entered in Section C of this permit.

Copies 1, 2 & 3: Issuing local registrar provides Copies 1, 2, & 3 to funeral service licensee (or person in charge of Interment) who must provide these three copies to cemetery/crematory official or representative of facility receiving donated remains. If there is no cemetery official, contact the Division of Vital Records at (800) 323-9613, select option 3, then listen to the prompts. Upon completion of disposition, cemetery/crematory official or representative of other facility distributes copies as follows:

- (1) Cemetery, crematory, or facility receiving donated remains retains for their files.
- (2) Submit within 10 days to the local registrar in the district where cemetery, crematory, or other facility is located. Contact the Division of Vital Records for the name and address of the appropriate local registrar of the district where disposition occurred at (800) 323-9613, select option 3, and listen to the prompts. If place of disposition is not located in Pennsylvania, copy 2 should not be returned to the local registrar and should be filed in accordance with the respective state's policies.
- (3) Submit at the end of each month to: **Division of Vital Records, PO Box 1528, New Castle, PA 16103.**

Copy 4: Issuing local registrar retains for his/her files.

WHITE-COPY 1

YELLOW-COPY 2

PINK-COPY 3

GOLD-COPY 4



0000708023

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

RECEIVED
SOUTHBOROUGH TOWN CLERK

84155

State File # 2023 005069
SEP -1 A 11:45

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	LUPACCHINO , DEBORAH --		
	Place of Death	32 MEADOW LANE, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 27, 2023	Date of Birth	MAY 04, 1952
	Residence	6597 NICHOLAS BOULEVARD, NAPLES, FLORIDA 34108		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	Date entered(most recent)		Date Discharged (most recent)	
	Service Number(most recent)			
CERTIFIER	Certifier	DAVID RYAN, MD		
	Addr.	55 FRUIT STREET, 7E, BOSTON, MASSACHUSETTS 02114		
	Immediate Cause of Death	BILE DUCT CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	SCOTT A. JOHNSTON	Lic # 6373
	Facility	MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition JANUARY 30, 2023
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 005069	Local Permit # E-PERMIT
	Date FEBRUARY 01, 2023	Date --
		Name of Agent --

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	RURAL CEMETERY 11 GROVE STREET, SOUTHBOROUGH, MA 01605		X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	INTERMENT	AUG. 29, 2023	BUDGET H. GUNNEY

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000708040

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # **2023 FEB 16 2023 005425, 8**

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SETO , ANDREW ---		
	Place of Death	32 MEETING HOUSE LANE, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 25, 2023	Date of Birth	FEBRUARY 17, 1969
	Sex	MALE		
	Residence	32 MEETING HOUSE LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	Certifier	JUSTIN GAINOR, MD		
	Addr.	55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114		
	Immediate Cause of Death	LUNG CANCER		
		Lic # 236372		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	SCOTT A. JOHNSTON	Lic # 6373
	Facility.	SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	005425	Local Permit #	E-PERMIT
	Date	FEBRUARY 02, 2023	Date	---
		Name of Agent	---	

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee
	RURAL CEMETERY 11 CORDAVILLE ROAD, SOUTHBOROUGH, MA SEC. 11, CIV. 2F2	FEBRUARY 11, 2023	BRIDGET H. GILLEN

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

PITT-GREENVILLE CREMATORY, INC.
2100 EAST FIFTH STREET
P.O. BOX 2245
GREENVILLE, NC 27836
(252) 752-2101

RECEIVED

COUNTY CLERK
2023 FEB 24 A 11:04

CERTIFICATE OF CREMATION

Contained herein are the cremated remains of: Nicholas J. Laptewicz, deceased,
cremated at Pitt-Greenville Crematory on the 7th day of February, 2023,
subject to its Rules and Regulations and all legal requirements.

REGGIE J. WINSLOW
NOTARY PUBLIC
Pitt County
North Carolina
My Commission Expires May 4, 2027

Pitt-Greenville Crematory

by:

Chris Lupp

Sworn and subscribed to before me this 7th day of February, 2023.

Reggie J. Winslow
Notary Public

My commission expires: May 4, 2027



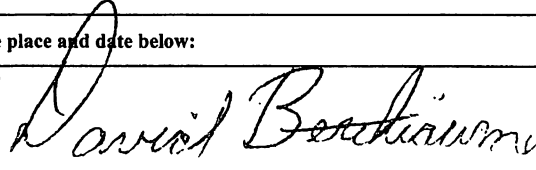
*I HEREBY CERTIFY THAT THE CREMAINS STATED ABOVE WERE DISPOSED
OF IN ACCORDANCE WITH ITS TERMS AT THE PLACE AND DATE BELOW:*

*RURAL CEMETERY
11 CINDYVILLE RD. SOUTHWEST, NHA
SEC. 10, LOT 46-A, CN 2A*

BURIAL OF CREMATED REMAINS FEB. 16, 2023

*S. Helling
Buried A. GREENEY*

84139

 0000704532 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		JAN 16 2023 State File # 2023 004048	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name SULLIVAN , PAUL L				
	Place of Death 31 HIGHLAND STREET, SOUTHBOROUGH, MA				
	Date of Death JANUARY 16, 2023		Date of Birth JULY 02, 1946		Sex MALE
	Residence 31 HIGHLAND STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM				
CERTIFIER	Branch of military (most recent) AIR FORCE				
	Rank/organization/outfit(most recent) 388 TAC FTR WG				
	Date entered(most recent) JUNE 03, 1966		Date Discharged (most recent) MAY 15, 1970		Service Number(most recent) AF 12773175
	Certifier PAT CHIRA, MD				
	Lic # 35109				
DISPOSITION	Addr. 475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01702				
	Immediate Cause of Death ATRIAL FIBRILLATION				
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373				
	Facility: MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS				
PERMIT	Disposition Type CREMATION Date of Disposition JANUARY 23, 2023				
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
	Endorsements				
	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 004048		Local Permit # E-PERMIT		
Date JANUARY 26, 2023		Date ---			
		Name of Agent ---			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605			Signature 	
	Disposition Type Cremation			Date of Disposition JAN 31 2023	
				Name of Superintendent or Authorized Designee: David Berthiaume	

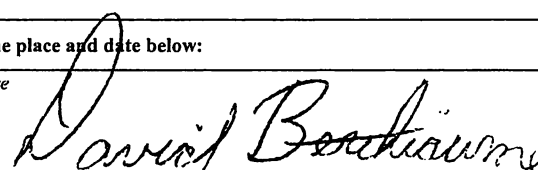
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

84155

 0000708023 Form R-309 07012014		RECEIVED Commonwealth of Massachusetts Registry of Vital Records and Statistics State File # 2023 005069	
DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT			
Information necessary for the Certificate of Death has been completed for:			
DECEDENT	Decedent Name LUPACCHINO , DEBORAH --		
	Place of Death 32 MEADOW LANE, SOUTHBOROUGH, MA		
	Date of Death JANUARY 27, 2023	Date of Birth MAY 04, 1952	Sex FEMALE
	Residence 6597 NICHOLAS BOULEVARD, NAPLES, FLORIDA 34108		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____		
	Certifier DAVID RYAN, MD Lic # 150748		
	Addr. 55 FRUIT STREET, 7E, BOSTON, MASSACHUSETTS 02114		
Immediate Cause of Death BILE DUCT CANCER			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373		
	Facility. MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION Date of Disposition JANUARY 30, 2023		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 005069		Local Permit # E-PERMIT
	Date FEBRUARY 01, 2023		Date _____ Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <div style="text-align: center;">  </div>		Signature <div style="text-align: center;">  </div>
	Disposition Type Cremation	Date of Disposition FEB 01 2023	Name of Superintendent or Authorized Designee: David Berthiaume

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000710423

Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**State File #
402

2023 006576

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	WALTER , JACOB JAMES				
	Place of Death	19 RED GATE LANE, SOUTHBOROUGH, MA				
	Date of Death	FEBRUARY 07, 2023	Date of Birth	NOVEMBER 11, 1932	Sex	MALE
	Residence	19 RED GATE LANE, SOUTHBOROUGH, MASSACHUSETTS 01772				
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)					
	KOREA					
	Branch of military (most recent)			Rank/organization/outfit(most recent)		
	AIR FORCE			METEOROLOGY TECH - 3-11 WEATHER DET APO 123		
	Date entered(most recent)		Date Discharged (most recent)	Service Number(most recent)		
JUNE 07, 1950		MARCH 12, 1954	AF 17 274 246			
CERTIFIER	Certifier			Lic #		
	ASHRAF ELKERM, MD			81917		
	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453					
CERTIFIER	Immediate Cause of Death					
	CONGESTIVE HEART FAILURE					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	SCOTT A. JOHNSTON	Lic #	6373
	Facility	MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type	CREMATION	Date of Disposition	FEBRUARY 09, 2023
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		

Endorsements

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking #	006576	Local Permit #	E-PERMIT
	Date	FEBRUARY 09, 2023	Date	---
			Name of Agent	---

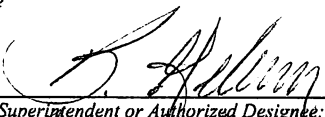
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	Rural Cemetery 180 Grove Street Worcester, MA 01605		X David Berthiaume
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	Cremation	FEB 11 2023	David Berthiaume

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

				Commonwealth of Massachusetts Registry of Vital Records and Statistics		Sub File # 10: 42 2023 006576	
0000710423		Form R-309 07012014		DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT			
Information necessary for the Certificate of Death has been completed for:							
DECEDENT	Decedent Name WALTER , JACOB JAMES						
	Place of Death 19 RED GATE LANE, SOUTHBOROUGH, MA						
	Date of Death FEBRUARY 07, 2023			Date of Birth NOVEMBER 11, 1932		Sex MALE	
	Residence 19 RED GATE LANE, SOUTHBOROUGH, MASSACHUSETTS 01772						
	If U.S. veteran, specify war/conflict(s) (most recent) KOREA						
CERTIFIER	Branch of military (most recent) AIR FORCE						
	Rank/organization/outfit(most recent) METEOROLOGY TECH - 3-11 WEATHER DET APO 123						
	Date entered(most recent) JUNE 07, 1950		Date Discharged (most recent) MARCH 12, 1954		Service Number(most recent) AF 17 274 246		
	Certifier ASHRAF ELKERM, MD Lic # 81917						
	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453						
DISPOSITION	Immediate Cause of Death CONGESTIVE HEART FAILURE						
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373						
	Facility. MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS						
	Disposition Type CREMATION		Date of Disposition FEBRUARY 09, 2023				
ENDORSEMENTS	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605						
	Endorsements						
	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBOROUGH			
	State Tracking # 006576			Local Permit # E-PERMIT			
	Date FEBRUARY 09, 2023			Date ---			
CONFIRMATION				Name of Agent ---			
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CONNORVILLE RD. SOUTHBOROUGH, MA SEC. 2, CIV. 320A				Signature X 		
	Disposition Type OF CREMATED REMAINS Date of Disposition FEB 25, 2023				Name of Superintendent or Authorized Designee: BRIDGET A. GILBERT		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000714274

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # **2023 009233**

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	GASPARONI , OSTELLIO E		
	Place of Death	8 SCHOOL STREET, SOUTHBOROUGH, MA		
	Date of Death	FEBRUARY 22, 2023	Date of Birth	MARCH 15, 1929 Sex MALE
	Residence	8 SCHOOL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) KOREA			
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit(most recent) ARMY 500TH ENG UTIL PLATOON APO 46		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	MARCH 27, 1951	MARCH 10, 1953	US 51 014 750	
	Certifier	Lic #		
	PAULA G. CARMICHAEL, MD	79974		
CERTIFIER	Addr.	630 PLANTATION STREET, WORCESTER, MASSACHUSETTS 01605		
	Immediate Cause of Death	ACUTE ON CHRONIC RENAL FAILURE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	SCOTT A. JOHNSTON	Lic # 6373
	Facility.	MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition FEBRUARY 27, 2023
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 009233	Local Permit # E-PERMIT
	Date FEBRUARY 24, 2023	Date --- Name of Agent ---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC. 12 LOT 16, GRAVE 4	Signature X
	Disposition Type BURIAL Date of Disposition FEB 27, 2023	Name of Superintendent or Authorized Designee: BENNETT H. CUMMINGS

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



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Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # 2023 011060

MAR 16 P 1:03

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	LIVINGSTONE , THOMAS L		
	Place of Death	10 MAPLECREST DRIVE, SOUTHBOROUGH, MA		
	Date of Death	MARCH 03, 2023	Date of Birth	JANUARY 05, 1938
	Sex	MALE		
	Residence	10 MAPLECREST DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)			
DECEDENT	Branch of military (most recent)	AIR FORCE		
	Rank/organization/outfit(most recent)			
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
CERTIFIER	Certifier	JUSTIN DOREMAN, DO		
	Addr.	24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Immediate Cause of Death	CONGESTIVE HEART FAILURE		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/ Designee	RICHARD F GORMLEY		Lic # 5511
	Facility.	GORMLEY FUNERAL HOME, BOSTON, MASSACHUSETTS		
	Disposition Type	BURIAL	Date of Disposition	MARCH 07, 2023
	Place/Address	ST LUKES CEMETERY, 20 BOSTON ROAD, WESTBOROUGH, MASSACHUSETTS 01581		
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking #	011060	Local Permit #	E-PERMIT
	Date	MARCH 07, 2023	Date	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
	St. Luke the Evangelist Cemetery Westborough		X Rev. Diego Buitrea	
CONFIRMATION	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	
	Burial	3/7/2023	Lawrence Orlando	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000714271

Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and StatisticsDISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2023 009705

8:30 A.M. 01

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	KENNEDY, DENNIS PATRICK		
	Place of Death	15 WILDWOOD DRIVE, SOUTHBOROUGH, MA		
	Date of Death	FEBRUARY 18, 2023	Date of Birth	FEBRUARY 23, 1941
	Residence	15 WILDWOOD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	Certifier	RENATA C. RATUSZNIK-MARTIN, MD		Lic # 159545
DISPOSITION	Addr.	67 UNION STREET, NATICK, MASSACHUSETTS 01776		
	Immediate Cause of Death	CARDIOPULMONARY ARREST		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee	DAVID A PICKERING		Lic # 6170
	Facility	SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS		
	Disposition Type	CREMATION	Date of Disposition	FEBRUARY 26, 2023
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
Endorsements				
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	009705	Local Permit #	E-PERMIT
	Date	FEBRUARY 27, 2023	Date	---
CONFIRMATION	Name of Agent			
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)	Signature		
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2023 004048

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SULLIVAN, PAUL L				
	Place of Death	31 HIGHLAND STREET, SOUTHBOROUGH, MA				
	Date of Death	JANUARY 16, 2023	Date of Birth	JULY 02, 1946	Sex	MALE
	Residence	31 HIGHLAND STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM					
	Branch of military (most recent) AIR FORCE		Rank/organization/outfit(most recent) 388 TAC FTR WG			
	Date entered(most recent) JUNE 03, 1966		Date Discharged (most recent) MAY 15, 1970		Service Number(most recent) AF 12773175	
	Certifier PAT CHIRA, MD					Lic # 35109
	Addr. 475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01702					
	Immediate Cause of Death ATRIAL FIBRILLATION					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/ Designee SCOTT A. JOHNSTON					Lic # 6373
	Facility: MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS					
	Disposition Type CREMATION					Date of Disposition JANUARY 23, 2023
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605					
Endorsements						
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 004048			Local Permit # E-PERMIT		
	Date JANUARY 26, 2023			Date --- Name of Agent ---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CRODAVILLE RD. SOUTHBOROUGH, MA SEC. 11, CIV. 22A				Signature X	
	Disposition Type Funeral CREMATED REMAINS		Date of Disposition JANUARY 10, 2023		Name of Superintendent or Authorized Designee: SCOTT A. JOHNSTON	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



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Form R-309 07012014



RECEIVED
SOUTHBOROUGH TOWN CLERK
Commonwealth of Massachusetts
Registry of Vital Records and Statistics
2023 APR 06 15:53
DISPOSITION REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2023 016357

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	CAREY , MARYJAYNE ---		
	Place of Death	10 PINE HILL ROAD, SOUTHBOROUGH, MA		
	Date of Death	APRIL 02, 2023	Date of Birth	APRIL 28, 1953
			Sex	FEMALE
	Residence	10 PINE HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	---	---	---	
	Certifier	COREY B SALTIN, DO		Lic # 213237
	Addr.	100 HOSPITAL ROAD, SUITE 2A, LEOMINSTER, MASSACHUSETTS 01453		
	Immediate Cause of Death			
	METASTATIC LUNG CANCER			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	SCOTT A. JOHNSTON	Lic # 6373
	Facility.	MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition
			APRIL 12, 2023
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking #	016357
	Date	APRIL 06, 2023
	Local Permit #	E-PERMIT
	Date	---
	Name of Agent	---

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature
	RURAL CEMETERY 11 CORDAVILLE RD SOUTHBOROUGH, MA SEC. 15 LOT 18, BAIL 3		X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	FULL EARTH BURIAL	APRIL 12, 2023	WILBERT A. GILLENWEL



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED
SOUTHBOROUGH TOWN CLERK

 0000726337 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2023-0183448 P 12: 03	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name MERTENS , WALTER ---				
	Place of Death 15 CLEMMONS STREET, SOUTHBOROUGH, MA				
	Date of Death APRIL 13, 2023		Date of Birth FEBRUARY 05, 1932		Sex MALE
	Residence 15 CLEMMONS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	(If U.S. veteran, specify war/conflict(s) (most recent)) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier VINAY KUMAR, MD Lic # 57255				
	Addr. 246 MAPLE STREET, MARLBOROUGH, MASSACHUSETTS 01752				
DISPOSITION	Immediate Cause of Death SEPSIS				
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
	Funeral Licensee/ Designee DAVID A CASPER Lic # 6562				
	Facility CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS				
PERMIT	Disposition Type CREMATION Date of Disposition APRIL 19, 2023				
	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131				
	Endorsements				
	Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH				
CONFIRMATION	State Tracking # 018344		Local Permit # E-PERMIT		
	Date APRIL 19, 2023		Date _____		
	Name of Agent _____		Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131		Signature 		
	Disposition Type Cremation		Date of Disposition 4/20/2023		Name of Superintendent or Authorized Designee: Michael D. Sheehan, G.M.

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



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Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # 2023 JUN 23 02:40:19

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MARKEN , ALEXANDRA ASIMINA		
	Place of Death	4 GARRISON LANE, SOUTHBOROUGH, MA		
	Date of Death	JUNE 04, 2023	Date of Birth	MAY 15, 1933
	Residence	4 GARRISON LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	Date entered(most recent)		Date Discharged (most recent)	Service Number(most recent)
	Certifier ASHRAF ELKERM, MD			
CERTIFIER	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453			Lic # 81917
	Immediate Cause of Death			
	DEMENTIA			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	ADRIANNE FAGGAS	Lic # 7457
	Facility.	FAGGAS FUNERAL HOME, INC., WATERTOWN, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition JUNE 08, 2023
	Place/Address	NEWTON CEMETERY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	026409	Local Permit #	E-PERMIT
	Date	JUNE 07, 2023	Date	---
			Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	Newton Cemetery Newton, MA		X
	Disposition Type	Date of Disposition	Name of Supervisor or Authorized Designee:
	Burial	6-8-2023	Mary Ann Bunas

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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0000736591

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

2023 JUN 5 P 2:45 State File # 2023 025613

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	JINDAL , BIMLA W		
	Place of Death	6 WENTWORTH DRIVE, SOUTHBOROUGH, MA		
	Date of Death	JUNE 02, 2023	Date of Birth	OCTOBER 15, 1931
			Sex	FEMALE
	Residence	6 WENTWORTH DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	---		---	
CERTIFIER	Certifier	DAVID M STEIN, MD		
		Lic # 285771		
	Addr.	900 UNION STREET, WESTBOROUGH, MASSACHUSETTS 01581		
	Immediate Cause of Death			
	DEMENTIA			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	CELESTE A KIMBALL	Lic # 7471
	Facility.	RICE FUNERAL HOME, WORCESTER, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
			JUNE 06, 2023
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH
	State Tracking #	025613	Local Permit #
			E-PERMIT
	Date	JUNE 02, 2023	Date
		Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	Rural Cemetery 180 Grove Street Worcester, MA 01605		X David Berthiaume
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	Cremation	JUN 06 2023	David Berthiaume

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000742022 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2# 45 2023 029295	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name STAGNO , GEORGE CHARLES				
	Place of Death 76 CHARLES COURT, SOUTHBOROUGH, MA				
	Date of Death JUNE 21, 2023		Date of Birth DECEMBER 27, 1944		Sex MALE
	Residence 76 CHARLES COURT, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM				
CERTIFIER	Branch of military (most recent) AIR FORCE				
	Rank/organization/outfit(most recent) CAPTAIN				
	Date entered(most recent) JUNE 07, 1967		Date Discharged (most recent) JUNE 07, 1971		Service Number(most recent) FR 3195859
	Certifier ASHRAF ELKERM, MD				
	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453				
Immediate Cause of Death METASTATIC PANCREATIC CARCINOMA					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee SCOTT A. JOHNSTON				
	Facility MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL				
	Date of Disposition JUNE 28, 2023				
Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772					
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 029295		Local Permit # E-PERMIT		
	Date JUNE 26, 2023		Date --- Name of Agent ---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA SEC. M, GRV. 175			Signature X 	
	Disposition Type FULL EARTH BURIAL	Date of Disposition JUNE 28, 2023		Name of Superintendent or Authorized Designee: 	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



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Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # **P 2: 072023 031207**

OCME CASE # 2023-9223

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BHISITKUL , GEMMA S		
	Place of Death	25 LEDGE HILL ROAD, SOUTHBOROUGH, MA		
	Date of Death	JULY 01, 2023	Date of Birth	JULY 22, 2010 Sex FEMALE
	Residence	25 LEDGE HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
CERTIFIER	Certifier	ANDREW ELIN, DO Lic # 274041		
	Addr.	720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118		
	Immediate Cause of Death	PENDING		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	SCOTT A. JOHNSTON Lic # 6373
	Facility.	MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS
	Disposition Type	BURIAL Date of Disposition JULY 10, 2023
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking #	031207
	Date	JULY 07, 2023
	Local Permit #	E-PERMIT
	Date	---
	Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	<i>RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH MA JULY 10, 2023</i>	<i>[Signature]</i>
	Disposition Type	Date of Disposition
	<i>FULL EARTH BURIAL</i>	<i>JULY 8, 2023</i>
	Name of Superintendent or Authorized Designee:	
	<i>[Signature]</i>	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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SOUTHBOROUGH TOWN CLERK



0000735817

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2023 025227

2023 AUG 14 A 11:14

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name CASTELLI JR, NEVIO --		
	Place of Death 13 GRANUAILE ROAD, SOUTHBOROUGH, MA		
	Date of Death MAY 27, 2023	Date of Birth OCTOBER 18, 1950	Sex MALE
	Residence 13 GRANUAILE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier COREY B SALTIN, DO Lic # 213237		
	Addr. 100 HOSPITAL ROAD, SUITE 2A, LEOMINSTER, MASSACHUSETTS 01453		
	Immediate Cause of Death PROTEIN CALORIE MALNUTRITION		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee DOUGLAS L TERSONI Lic # 50904		
	Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS		
	Disposition Type BURIAL	Date of Disposition JUNE 02, 2023	
	Place/Address EDGELL GROVE CEMETERY & MAUSOLEUM, 53 GROVE STREET, FRAMINGHAM, MASSACHUSETTS 01701		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 025227	Local Permit # E-PERMIT	
	Date JUNE 01, 2023	Date _____ Name of Agent _____	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) EDGELL GROVE CEMETERY 53 GROVE ST FRAMINGHAM, MA 01701		Signature X
	Disposition Type Full	Date of Disposition 06-02-2023	Name of Superintendent or Authorized Designee: Rob Fennell

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

Ans

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SOUTHBOROUGH TOWN CLERK

 0000750585 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2023 033251 A 11: 04	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name CHAD , RITA MARIE				
	Place of Death 5 CAROLYN TERRACE, SOUTHBOROUGH, MA				
	Date of Death JULY 18, 2023		Date of Birth JULY 08, 1949		Sex FEMALE
	Residence 5 CAROLYN TERRACE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier KATHRYN EDMISTON, MD Lic # 57722				
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655				
DISPOSITION	Immediate Cause of Death METASTATIC BREAST CANCER				
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
	Funeral Licensee/ Designee DAVID M. BREZNAK Lic # 5268				
PERMIT	Facility. BREZNAK FUNERAL DIRECTORS INC., NEWTON, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition JULY 21, 2023		
	Place/Address NEWTON CEMETERY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459				
	Endorsements				
CONFIRMATION	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 033251		Local Permit # E-PERMIT		
	Date JULY 20, 2023		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Newton Cemetery Newton, MA		Signature X Mary Ann Bunas		
	Disposition Type Burial		Date of Disposition 7-21-2023		Name of Superintendent or Authorized Designee: _____

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

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TOWN CLERK

2023 NOV -6 A 11:24


1A. NAME OF DECEDENT—FIRST ALICE		1B. MIDDLE MARIE		1C. LAST STEIN	
2 SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 04/18/1934		4. DATE OF DEATH (MONTH, DAY, YEAR) 09/18/2023		5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH JURUPA VALLEY			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE RIVERSIDE		
7A. NAME OF INFORMANT JULIE KELLEY		7B. RELATIONSHIP TO DECEDENT DPOAHC		8A. TYPED NAME AND ADDRESS OF CALIFORNIA- LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE ARROWHEAD AFTERCARE 27007 5TH ST, HIGHLAND, CA 92346	
8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1552		7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 7305 SEBASTIAN AVENUE, RIVERSIDE, CA 92509			

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055

9A. APPLICANT SIGNATURE


9B. DATE SIGNED
09/25/2023



PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID \$ 12.00	10B. DATE PERMIT ISSUED 09/25/2023	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ GEOFFREY LEUNG, M.D., ED. M. 
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA RIVERSIDE UNIV. HEALTH SYSTEM-PUBLIC HEALTH 4065 COUNTY CIRCLE DR, RIVERSIDE, CA 92503		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D

11. AUTHORIZED DISPOSITION(S)

CREMATION/TRANSIT

FOR CORONER'S USE ONLY

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY RURAL CEMETERY 11 CORDAVILLE RD, SOUTHBOROUGH, MA SECTION C-1102, LOT 12, GRAVE 11A	12B. DATE BURIED OCT 27, 2023	12C. INTERMENT NUMBER—IF APPLICABLE	
	12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ 			
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY INLAND EMPIRE CREMATORY 27007 5TH STREET HIGHLAND, CA 92346	13B. DATE CREMATED 9/27/2023	13C. CREMATION NUMBER—IF APPLICABLE 20331	
	13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ 			
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH RURAL CEMETERY 11 CORDAVILLE ROAD SOUTHBOROUGH, MA 01772		15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	
	16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶			

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:


COPY 1—ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.

COPY 2—RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3—RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4—RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

 0000774421 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		2023 State File # A II: 24023 049905 OCME CASE # 2023-14621	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name KENTEL JR, PETER S				
	Place of Death 8 LEONARD DRIVE, SOUTHBOROUGH, MA				
	Date of Death OCTOBER 20, 2023		Date of Birth JUNE 20, 1940		Sex MALE
	Residence 8 LEONARD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) PEACETIME Branch of military (most recent) COAST GUARD Rank/organization/outfit (most recent) E "1-3" Date entered (most recent) --- Date Discharged (most recent) --- Service Number (most recent) 2003-314				
CERTIFIER	Certifier CHRISTOPHER PERRY, MD Lic # 274670				
	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118				
	Immediate Cause of Death PENDING				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373				
	Facility MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition OCTOBER 30, 2023		
	Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 049905		Local Permit # E-PERMIT		
	Date OCTOBER 31, 2023		Date ---		
Name of Agent ---					
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD. SOUTHBOROUGH, MA VSPC # 049905			Signature X 	
	Disposition Type FULL BURIAL		Date of Disposition OCTOBER 31, 2023		Name of Superintendent or Authorized Designee: Bridget A. Gully

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File # **2023 048817**

Information necessary for the Certificate of Death has been completed for:

DECEASED	Decedent Name	HUTSICK , MARIA J		
	Place of Death	31 WOODBURY ROAD, SOUTHBOROUGH, MA		
	Date of Death	OCTOBER 20, 2023	Date of Birth	AUGUST 11, 1952 Sex FEMALE
	Residence	31 WOODBURY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
CERTIFIER	Certifier	OLADAPO YEKU, MD Lic # 274176		
	Addr.	55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114		
	Immediate Cause of Death	CARDIOPULMONARY ARREST		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	SCOTT A. JOHNSTON	Lic # 6373
	Facility.	MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition OCTOBER 23, 2023
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 048817	Local Permit # E-PERMIT
	Date OCTOBER 24, 2023	Date ---
		Name of Agent ---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	RURAL CEMETERY 11 COLDVILLE RD. SOUTHBOROUGH, MA 508-264-9264	X	
	Disposition Type CREMATION	Date of Disposition OCT 20, 2023	Name of Superintendent or Authorized Designee: BRUNET H. GILLESPIE

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000781275

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2023 053695

Information necessary for the Certificate of Death has been completed for:

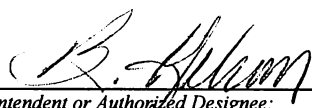
DECEDENT	Decedent Name	IANNARELLI , BRUCE JOHN		
	Place of Death	67 SOUTHVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 19, 2023	Date of Birth	APRIL 12, 1958
	Sex	MALE		
	Residence	67 SOUTHVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
---		---		
CERTIFIER	Certifier	MATTHEW BEAN, MD		Lic # 224284
	Addr.	24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Immediate Cause of Death	SEPTIC SHOCK		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	DANIEL J WHITE	Lic # 51380
	Facility.	ACTON FUNERAL HOME, ACTON, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition NOVEMBER 28, 2023
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 053695	Local Permit # E-PERMIT
	Date NOVEMBER 21, 2023	Date ---
		Name of Agent ---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	RURAL CEMETERY 11 CORDAVILLE ROAD SOUTHBOROUGH, MA NOV. 28, 2023		X 
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	BURIAL	NOV. 28, 2023	BRIDGET A. GILMAN

Acceptance of Permit

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.